



## Ayurvedic management of Trigeminal Neuralgia - A Case Study

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Trigeminal Neuralgia (TN) is a neuropathic pain syndrome which is characterized by unilateral lancinating facial pain. TN is a chronic pain disorder that affects the trigeminal nerve. Attacks of pain are usually triggered by touch, a cold wind or while eating. TN leads disability and poor quality of life, even when patients are taking conventionally treatments. Case: A 43 years old male consulted my clinic, with the complains of sudden pain like electric shock on left side of the head, cheek and mandible which gets aggravated on touch. MRI was done which was suggestive of patient suffering with Trigeminal Neuralgia. In the present case report patient was considered suffering from Anantvata and was treated with oral medications like Ekangaveer Rasa, Mahavatavidhvansa Rasa, Ashwagandha Churna, Lashun Ksheerapaka, Dashamoola Kwatha with Ghrita and Nasya. The treatment continued for 4 months. As per the results, we can say that the cases of TN can be successfully treated with Ayurvedic treatment and no surgical intervention is needed.

**Keywords:** Anantavata, Shiroroga, Trigeminal Neuralgia, Nasya, Ekangaveer Rasa, Dashamool Kwatha

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## Introduction

Trigeminal Neuralgia is a neuropathic disorder characterized by episodes of intense pain in the face, originating from the trigeminal nerve. It has been described as among the most painful conditions known to humankind.[1] Trigeminal nerve is the largest of 12 cranial nerves. Trigeminal nerve (fifth cranial) provides sensation to the anterior half of the head and skin of the face.[2] Its motor part innervates the pterygoid masticatory muscles and masseter. There are three major branches of the nerve; 1. Ophthalmic, 2. Maxillary, 3. Mandibular. For most, trigeminal neuralgia remains an idiopathic condition but there is a suggestion that it may be due to an irritative lesion involving the trigeminal root zone. It associated with multiple sclerosis may result from a plaque of demyelination in the brainstem. This disorder has characteristics of episodes of severe facial pain along the trigeminal nerve divisions (second &/or third).

In modern medicine the anticonvulsant carbamazepine is the first line treatment, second line medications include gabapentin, pregabalin, oxcarbazepine, amitriptyline or glucocorticoids etc. Even after taking these drugs for such a long time, there are no significant changes in the patient. Surgery is normally recommended only after medication has proved ineffective, or if side effects of medication are intolerable. There may be a chance of relief in pain after surgery; but also, a considerable risk of side effects, such as facial numbness after the procedure. Here we present a case of trigeminal neuralgia which was successfully treated with Ayurvedic management with *Anantvata* as the Ayurvedic diagnosis. In *Anantvata* all the three *Doshas* get aggravated together and produce pain in the nape of the neck, eyes brows and temples. There is throbbing pain at the sides of the cheeks and loss of movement of the lower jaw.

### Patient information

A 43 years old male patient was consulted my clinic for complaints of sudden pain like electric shock on left side of the head, cheek and mandible which gets aggravated on touch, a cold wind or eating. The pain was so severe chronic pain with electric shock-like sensations on face. Patient had suffered from this problem for Eight years. The patient consulted to some allopathic hospitals and took allopathic treatment,

Anti-convulsant were prescribed but did not get any relief from modern medicine and even condition become vaster with more frequent painful sensation. Then one of his friends advised him to take Ayurvedic treatment so he came here for treatment. His general health was good. He was taking carbamazepine 200 mg twice a day at the time of consultation.

## Case Report

### Basic information of the patient

- Age - 43 yrs
- Religion - Hindu
- Socio economic status - Middle
- Farmer

### Chief Complaints

Pain like electric shock on right side of the head which gets aggravated on touch, chewing and talking. Disturbed sleep due to sharp pain in temporal region. Patient was unable to talk properly. Patient had suffered from this problem in the last three years.

### History of Present Illness

Patient was asymptomatic before three years and then suddenly he felt pain on left side of the face just below the right eye after that the pain was aggravating slowly so he went to the allopathic hospital. The doctor gave him some anticonvulsant but the pain was increasing very much. So finally, he came for Ayurvedic treatment.

### Family History

- Father - Healthy
- Mother - Healthy
- No family history of any illness

### Personal History

- Diet - Mixed
- Bowel - Frequency - 1 - 2/day
- Evacuation - Complete
- Stool consistency - Well formed
- Appetite - Decreased
- Micturition - Regular
- Sleep - Adequate; Day sleep - Present
- Addiction - Tea and Tobacco

- Exercise - Heavy

#### On Examination

- General condition was fair
- Vitals were normal, afebrile
- *Prakriti*: Vata - Kaphaj
- Site of onset - Left side of the face
- Distribution - Unilateral

#### Treatment Protocol

SN	Therapy	Drug	Doses
1.	Shamana Chikitsa	1. Ekangveer Rasa	250mg, twice a day
		2. Mahavatavidhvansa Rasa	250mg, twice a day
		3. Ashwagandha Churna	2gm, twice a day
		4. Dashmoola Kwath and Grita	20ml, twice a day
		5. Lashun Ksheera Paka	20ml, once at morning
2.	Nasya	1. Shodhan Nasya - Shadbindu Taila	For first 3 days
		2. Pratimarsha Nasya - Anutaila	Twice a day
3.	Yoga and meditation also advised to the patient		

#### Outcome Measures and Follow Up

After the completion of the treatment patient got almost complete relief from TN symptoms. As this treatment is more concentrated to treat the symptoms of T.N. patient followed the above intervention for the total duration of months with regular follow up. Patient didn't leave the treatment in this 4-month duration and followed all the advice given to him. He got relieved from all the symptoms in just 4 months.

## Discussion

Trigeminal neuralgia is a neurological disease in which irritation or pressure on the trigeminal nerve (the fifth cranial nerve leave the skull) pathway causes a stabbing and sharp pain in the cheek, eye, temporal area and lower part of the face. The pain is usually located on only one side of the face. Symptoms of TN have similarity with *Anantavata* in *Ayurveda*. It is believed that all the *Tridoshas* get aggravated together and produce severe pain in the nape of the neck, eye brows and temples; there is throbbing pain at the sides of the cheeks and loss of movement of the lower jaw. Such symptoms produced by *Tridoshas* are called as *Anantvata*. In the treatment of *Anantvata* food which mitigates *Vata* and *Pitta* such as *Payasa*, *Ghritpura* etc. (all are sweet dishes) should be taken.[3] Preparations of rice boiled with milk and added with ghee should be advised to take regularly.

*Shadbindu Taila* and *Anu Tail* are an *Ayurvedic* medicated oils used for treatment of diseases related to head, brain, eyes, face, nose, ear, and neck because '*Nasa Hi Sirso Dwaram*'. *Shadbindu Taila* helps to take out vitiated *Doshas* from *Siras*. By using *Anu Tail* through nose, which is a door to brain and prevents many brain disorders like depression, headache, migraine, Parkinson's disease, memory loss, seizures, poor coordination, mental stress and depression because *Vata*, *Pitta* & *Kapha* said to be involved in TN. *Anu Tail* helps to keep all the three *Dosha* in its balance state which helps to maintain harmony in body especially of supraclavicular (*Urdhvajatrugata*) parts of the body. It pacifies *Vata*, which plays a major role in development of TN. *Anu Tail* reduces *Vata* aggravation, improves nervine function and enhances the faster recovery from TN.[5] *Ashwagandha* also called Indian ginseng because of its rejuvenating effects on the CNS and endocrine system. Although *Ashwagandha Churna* is *Tridosahara*. In many research trials it has been proven that *Withania somnifera* is most beneficial drug to treat many kind of diseases associated with inflammation in the body, such as cardiovascular, pulmonary, and autoimmune diseases and diabetes, cancers, and neurodegenerative diseases.[6] *Ashwagandha* also has anti-anxiety effect. However, many research studies shows that positive anxiolytic effects of *Ashwagandha* in adults.[7] *Dashmool Kwath* and *Grita* works on all three *Doshas*; *Dashmool* is *Tridosahara*[9] but it predominantly pacifies *Vata* aggravation and *Anantvata* is also *Tridoshaj Vyadhi* but mainly *Vata* is affected. So, *Dashmool* is considered as good for TN. *Dashmool* also works as an anti-inflammatory and analgesic. *Mahavata Vidhvansa Ras* is used in the treatment of *Vata* and *Pitta Dosha* imbalance diseases such as paralysis, hemiplegia, facial palsy, tremors etc. It is also effective in *Vata Pitta Pradhana* disorders such as migraine and vertigo. Hence all these drugs help the patient to get rid completely of TN.

## Conclusion

The case report demonstrates the treatment of Trigeminal Neuralgia completely treated with only oral *Ayurvedic* medicinal intervention. No surgical intervention was given. The proper diagnosis and treatment with *Ayurveda* science we can avoid many surgical treatment and complications with simple medicine and *Patya Aptya Palana*.

So proper understanding of *Ayurveda* helps to treat many conditions with easy and effective way.

## References

1. Singh SD, Sahu KS. Ayurvedic management of trigeminal neuralgia: a case study. *World Journal of Pharmaceutical Research*. 2015;4(5):1817-1821. [Crossref][PubMed][Google Scholar]
2. Gupta C, Singh JP. Trigeminal neuralgia: a case study in Ayurvedic settings. *International Ayurvedic Medical Journal*. . [Crossref][PubMed][Google Scholar]
3. Shastri A. Sushruta, Shiroroga Pratishodha Adhyaya. *Sushruta Samhita*. Varanasi: Chaukhamba Sanskrit Samsthana; 2001. *Ayurveda Tatvasandipika Hindi Commentary*. *Uttarsthan*, 26/36. p. 170 [Crossref][PubMed][Google Scholar]
4. Sharma N, Soni N, Jatolia V. Successful Ayurveda management trigeminal neuralgia. *AYUSHDHARA*. 2024;11(1):36-39. [Crossref][PubMed][Google Scholar]
5. Rawat N, Rakesh R. Ayurvedic management of trigeminal neuralgia: a case report. *International Journal of Research in Ayurveda and Pharmacy*. 2018;9(4). Available from: [www.ijrap.net](http://www.ijrap.net) [Crossref][PubMed][Google Scholar]
6. Mikulska P, Malinowska M. Ashwagandha (*Withania somnifera*) current research on the health-promoting activities: a narrative review. *Pharmaceutics*. Available from: <https://doi.org/10.3390/pharmaceutics15041057> [Crossref][PubMed][Google Scholar]
7. Shastri A. Sushruta Samhita Dravyasangrahiya Adhyaya. Varanasi: Chaukhamba Sanskrit Samsthana; 200. *Ayurveda Tatvasandipika Hindi Commentary*. *Sutra Sthana*, 38/68-71. p. 182 [Crossref][PubMed][Google Scholar]

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